PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(571)-273-2885 or Fax

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

		lock I for any change of address)	рар	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
AMSTER, ROT 90 PARK AVENI NEW YORK, NY	92011 ENSTEIN LLP		Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
						(Depositor's name)	
						(Signature)	
						(Date)	
APPLICATION NO.	LICATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/575,671	07/25/2008		Bradley T. Messmer		50425/245	1699	
TITLE OF INVENTIONS LEUKEMIA	: METHODS AND	COMPOSITIONS FOR	DIAGNOSIS AND TRE	ATMENT OF B	CELL CHRONIC LYMPI	HOCYTIC	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	E FEE TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$870	\$300	\$0	\$1170	01/13/2012	
EXAMIN	ER	ART UNIT	CLASS-SUBCLASS				
AEDER, SEAN E		1642	435-006100	•			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The Address form PTO/SB/122) attached. The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) THE FEINSTEIN INSTITUTE MANHASSET, NY FOR MEDICAL RESEARCH Please check the appropriate assignee category or categories (will not be printed on the patent): AMSTER ROTHSTEIN AMSTER ROTHSTEIN (B) RESIDENCE: (CITY and STATE OR COUNTRY) WE HAVE A THE FOLLOWING STATE OR COUNTRY (CITY and STATE OR COUNTRY) MANHASSET, NY FOR MEDICAL RESEARCH Please check the appropriate assignee category or categories (will not be printed on the patent): AMSTER ROTHSTEIN (B) RESIDENCE: (CITY and STATE OR COUNTRY) MANHASSET, NY FOR MEDICAL RESEARCH Please check the appropriate assignee category or categories (will not be printed on the patent): AD Individual Corporation or other private group entity Government or the patent attorneys or agents and the names of up to 3 registered patent attorneys or agents. If no name is listed, no name will be printed. AMSTER ROTHSTEIN (CITY and STATE OR COUNTRY) MANHASSET, NY FOR MEDICAL RE							
☐ Issuc Fcc ☐ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies			 ☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 011785 (enclose an extra copy of this form). 				
5. Change in Entity Status	·	,					
NOTE: The Issue Fee and P					L ENTITY status. See 37 CI		
interest as shown by the reco	ords of the United State	es Patent and Trademark	Office.	e applicant, a regist	ered autorney of agent; of the	e assignee of other party in	
Authorized Signature / Brian J. Amos/		os/		Date Janu	ary 11, 2012		
Typed or printed name Brian J. Amos		os	Registration No. 63,679				
This collection of informatic an application. Confidentiali submitting the completed ar this form and/or suggestions Box 1450, Alexandria, Virgi Alexandria, Virginia 22313-	on is required by 37 CF ity is governed by 35 ½ pplication form to the for reducing this burd inia 22313-1450. DO	FR 1.311. The information U.S.C. 122 and 37 CFR 1 USPTO. Time will vary then, should be sent to the	1.14. This collection is esting depending upon the individual of the control o	tain a benefit by the mated to take 12 m fual case. Any com U.S. Patent and T.	e public which is to file (and inutes to complete, includin inments on the amount of tin rademark Office, U.S. Depa	g gathering, preparing, and ne you require to complete rtment of Commerce, P.O.	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.